



myETF Confirmation/Testing Online Access Security Agreement

Wis. Stat. § 40.07 (1)

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

This form will give the user access to the **temporary myETF confirmation/testing environment only**.
To request access to current production systems, complete the *Online Access Security Agreement* (ET-8928).

Mail or email completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov

Request Type

☐ Add access ☐ Delete access

☐ Name change Former name: _____

Will employer or third-party vendor be sending confirmation files via myETF Employer Online Services for myETF confirmation/testing?

☐ Yes (Employer or third-party vendor will provide data via myETF Online Services)

☐ No (ETF will provide access to the sFTP server)

Employee/Vendor Information Read and complete information below.

Employee name (first, middle, last)

Third-party vendor name (if applicable)

Vendors only: Choose *one of the below* to indicate what type of employer information you will confirm:

- ☐ You are accessing an existing employer's data with real employee information for testing purposes. That employer must complete the Employer Agent section, on Page 2, before submitting this form to ETF.
- ☐ You would like ETF to set up a test employer for you. In order for ETF to set up the proper contribution rates, please indicate which employer you are basing your test data on: _____ (employer name). Do not complete the *Employer Agent* section, below. ETF will contact you with the test employer number you can use for your data confirmation.

Work address

IAM login ID ☐ Check here if you *do not* currently have an IAM login

Work email address

I have read these provisions. I understand that security measures have been established to provide necessary inquiry and update abilities for the Wisconsin Retirement System and other Department of Employee Trust Funds-administered benefit programs. I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts. I understand that information in these accounts is not a public record and disclosure to any person or organization is absolutely prohibited.

I further understand that the online networks and Access Management (IAM) is intended for use by employers and vendors to administer WRS and other ETF-administered benefit programs and is not intended to provide information to members or to assist members in making retirement or other benefit decisions. ETF will issue each designated employee a login ID and password to gain access to the system. Please understand that it can take up to three weeks to receive authorization and instructions for access.

I understand that Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs. Violation of this provision will result in termination of my online access to member accounts and/or termination of my employer's online access to member accounts.

Employee or vendor signature

Work telephone
()

Date (MM/DD/CCYY)

ETF Use Only: Security Administrator

Login ID

ETF security administrator signature

Date (MM/DD/CCYY)



Employer Agent

I understand that Wisconsin Statutes, § 943.395, provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I certify that I am responsible for reporting information to the Wisconsin Retirement System, and that the above employee/vendor is authorized to gain access to online accounts.

Employer name

Employer ETF ID (0001999 for STAR superusers)

Is your agency a
STAR agency?☐ Yes ☐ No

Employer agent name

Telephone

()

Employer agent signature

Date (MM/DD/CCYY)

